HUBBARDSTON BOARD OF HEALTH

Telephone 978-928-1400 Ext. 212

FAX 978-928-4806

DATE: _____

Fee: New Construction or Commercial $200.00 Fee: Repairs $150.00

PERC TESTING AND SOIL EVALUATION APPLICATION

Applicant:	**Applicant's Address:**
Telephone Number:	**Owner of Record:**
Address of Owner of Record:	
Engineer or Sanitarian:	**Telephone Number:**
Backhoe Operator:	**Telephone Number:**
Nearest Telephone pole Number:	**Side of Street N S E W**
Assessor's Map: _____ **Parcel** _____ **Lot Number** __ **Lot Size** _____	
(A plan showing all property lines of lot must accompany this application)	
SITE ADDRESS TO BE TESTED:	

Two deep holes and two perc tests (for one system) must be conducted and ready for examination on the date and time set by the Hubbardston Board of Health. If for any reason you are not ready, the Board of Health representative reserves the right to postpone or reschedule tests, **at your expense**. If for any reason additional testing are deemed necessary by the Board of Health representative, additional fees by check or money order shall be submitted to the Board of Health.

The Board of Health will call your engineer or sanitarian to schedule testing; it is your responsibility to contact the contractor for digging of the holes.

Dig Safe must be notified one week prior to any digging of holes: 1-888-344-7233

Signature of Owner:	**Signature of Applicant:**

Pursuant to the provisions of M. G. L. Chapter 40, Section 578, certification that no dept is owed to the Town of Hubbardston by the applicant or the owner of record must be obtained from the Tax Collector prior to submitting this form to the Board of Health.

No Debt is Owed:	**Debt is Owed:**
Signature of Tax Collector:	**Date:**

Date application received by Board of Health: _____

Date of Testing: _____